

Response from BCUHB Emotional Health and Wellbeing Service Board to the Petition re Secondary School Awareness of Self Harm

29th August 2014

Petition Title: Secondary School Awareness of Self-Harm

The Petitions Committee has received the following petition from Eleanor Price which collected 12 signatures:

Petition Wording:

We call on the National Assembly for Wales to urge the Welsh Government to put in place more educational programmes (specifically in Secondary Schools) to counteract many peoples misunderstanding of self-harm.

A growing issue amongst teenagers in Wales, 43% of people know somebody who has self-harmed according to a BBC survey. In the same survey, it was reported that 41% think that self-harm is selfish.

Additional Information: Due to the sheer volume of occurrences in self-harm among teenagers in Wales, I feel that there should be more awareness and approachability of the subject. Why should a teenager suffer in silence? This is why I believe that as a country we should provide more substantial resources for a sufferer to find free assistance in battling self-harm.

The Committee considered the petition for the first time at the meeting on 17 June and would be very grateful for your views on this matter.

Response

We very much welcome that this important issue has been highlighted at a national level, and thank you for seeking our views. A summary of the current situation in North Wales, our goals and current work plan is provided below. If any further information is required, please do not hesitate to contact us.

Current situation in North Wales

Young people who harm themselves currently get a very varied response from schools and other front line community services across North Wales. This can range from little or no response at all to immediate urgent referral to local specialist Child and Adolescent Mental Health Services (CAMHS), regardless of need. In addition, and of equal concern, in some areas, universal services hold cases that have not previously met criteria for specialist CAMHS and some of those professionals report being relatively unsupported in this task.

There is a high level of variation in the level of knowledge skill and confidence in knowing how to respond to concerns about self harm and expression of suicidal thoughts in schools and other multi-agency front line services. In response to national drivers, there has been a steady increase in the number of (largely uncoordinated) training courses in self harm and suicidal behaviour in recent years. These have been and continue to be provided by health, social care and third sector agencies, targeting front line staff, including teachers and other school based staff who work with children, young people and families. These courses are mainly one-offs, are often delivered by trainers who do not know the local service context, and mainly focus on increasing awareness and early recognition with advice to respond kindly and with compassion, and to refer all presentations on to specialist services.

For children and young people, there continues to be on-going high referral rates of self harming behaviour into specialist CAMHS in the context of what appears to be a national increase in self harming behaviours. Referral on is not always the right response for the young person, and nor is it a sustainable response in light of growing numbers and finite resources at specialist levels.

In response to our growing concern about the levels of self harming behaviour in young people, in October 2013, the Emotional Health and Wellbeing Service Board supported a proposal that specialist CAMHS services offer an informed and systematic North Wales approach to addressing the needs of children and young people at risk of suicide or self-harm who are identified in schools and other front line services. This approach needs to ensure that children young people and front line professionals gain appropriate and timely help, and that children and young people are assessed and referred into specialist services appropriately where needed.

Why do we need a more consistent approach?

- To improve the quality of support, advice and guidance offered to young people who self-harm, or who may be at risk of committing suicide
- To offer consistent support to children and young people no matter what the point of contact, and to standardise the response of agencies regardless of which agency
- To increase knowledge, skills and competence of staff in non-specialist services to recognise and respond appropriately when working with a young person who self-harms.

Service Delivery Context

Part 1 of the Mental Health Measure came into force 1st October 2012 – specialist CAMHS Single Point of Access arrangements are now in place in each county across North Wales. Plans are currently being made to ‘launch’ the new access arrangements in each county. All specialist CAMHS teams across North Wales are working hard to introduce new ways of working, which requires a shift in emphasis from routinely assessing all cases referred – which frequently and repeatedly leads to lengthy waits – to carrying out initial discussion and consultation to determine needs. Care is then ‘matched’ to presenting need through a range of possible modes of intervention:

- Advice and information and where necessary, training
- Signposting to alternative services or activities in the community
- Working alongside a professional through consultation where this is appropriate to the needs of the young person (sometimes this will be with the professional who refers, sometimes it will be alongside another professional)
- Access to universal or targeted evidence based intervention in the community
- Comprehensive mental health assessment.

Background

Prior to the introduction of the Mental Health Measure, Primary Mental Health practitioners in each county largely led the delivery of specialist CAMHS led training to front line staff on self harm as required under old AQF targets. In some counties,

this has also included the availability of regular consultation with specialist CAMHS practitioners. Where consultation has been consistently available, pathways have been agreed with the Local Safeguarding Children's Board, which has led to a well received system of universal awareness training combined with targeted skills training, the goal of which is to equip selected school based and other front line staff to carry out rapid early first stage risk assessment in close collaboration with specialist CAMHS in order to determine next steps. Regular (once a term) meetings for multi-agency staff who have received skills training are also organised and led by specialist CAMHS to ensure access to appropriate support and information updates for these selected and trained professionals.

This approach adheres to principles from 'Talk to Me' and NICE in establishing sources of help at the first point of contact, quickly assessing risk, and establishing what's needed next. It also ensures that appropriately trained mental health professionals are providing the required level of consultation in collaboration with the professional who first becomes aware of a problem, in order to determine risk. This avoids delays in first stage assessment resulting from joining waiting lists, but ensures that those at highest risk are seen for mental health assessment as quickly as possible.

Connecting with People – Dr Alys-Cole-King

Selected staff from specialist CAMHS have trained as trainers in the Suicide Awareness module. We are currently liaising with Dr Cole-King to adapt the materials for delivery to staff who work with children and young people, as the content is focused on adults. It also focuses on suicide awareness only. We will be including self harm as well as suicide awareness into one jointly agreed module for school and other front line professionals – partly because there is considerable overlap in the messages contained in both awareness level trainings, and also because it is not realistic to expect school staff to attend two separate training courses on this subject. Once complete this jointly developed training module will form the first level of awareness training in the regional pathway of training offered to schools and other front line professionals.

What will a Specialist CAMHS training and consultation pathway look like?

1. Standardised locally delivered awareness-level training in self harm and suicide, available on a regular basis for any multi-agency front line professionals including schools
2. Standardised locally delivered skills-level training, including first stage basic risk assessment questions, available for selected multi-agency front line staff who will be linked to specialist CAMHS through each Single Point of Access. These people will be the first point of contact when self harm comes to light in the community. These trained staff will link directly in to specialist CAMHS and receive help in managing the situation, and will together carry out immediate first level risk assessment, and agree best next steps
 - Professional consultation outcome for those identified as low risk
 - Mental Health Assessment outcome for those identified as high risk
3. Regular (e.g. once a term) on-going multi-agency meetings to keep those trained in first stage risk assessment updated, connected with each other and to specialist CAMHS.

Where are we up to?

- Unanimous support for the development and delivery of the pathway at Emotional Health and Wellbeing Service Board 31st October 2013
- Work with the Local Safeguarding Children's Board is underway to ensure that the community components of the pathway are incorporated into the review of the regional protocol for managing young people who self harm
- Close liaison with Dr Alys Cole-King is underway and the jointly agreed adapted materials for the Suicide [and Self Harm] Awareness module for use with professionals working with young people are nearing completion
- Early stage plans are in place for implementation in four of the six counties across North Wales – close links are in place with local specialist CAMHS management structures to ensure that there is support for the delivery of the community pathway in each county – once this has been ratified with the regional multi-agency LSCB plans will be made to visit local multi-agency planning groups including where possible Secondary Heads Federation Meetings to agree local implementation
- Liaison will be maintained with the newly formed North Wales Talk to Me 2 regional 'network' to review it's terms of reference and aims and objectives – attendance will depend on the goals of the group.

Relevant additional Information



talktomee%5b1%5d
.pdf



T4MH delivery
plan.pdf

Talk to Me Action Plan 2009-2014

Together for Mental Health Delivery Plan 2012-2016

Links to NICE Clinical Guideline 16 (2004) <http://guidance.nice.org.uk/CG16> and NICE Quality Standards 34 (2013)

<http://www.nice.org.uk/guidance/index.jsp?action=byID&o=14200>